CLAIMS ONLY

Application Number	Filing Date
09/996699	

Applicant(s)

9-16-04

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			X	X			51						
2			X	X			52						
3				1			53						
4				1			54						
5			1				55						
6			X				56						
7				1			57						
8				1			58						
9			X	X			59						
10			X	X			60						
11			X	X			61						
12			X	X			62						
13			X	X			63						
14			X	X			64						
15			X	X			65						
16			X	X			66						
17							67						
18							68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			1				Total Indep						
Total Depend			4				Total Depend						
Total Claims			5				Total Claims						